



MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
DIVISION OF WORKERS' COMPENSATION

3315 W. Truman Blvd.
P.O. Box 58
Jefferson City, MO 65102-0058
www.labor.mo.gov/DWC

**NOTICE OF EMPLOYERS ELECTION TO BECOME A MEMBER
OF A GROUP INSURANCE POOL* PURSUANT TO
§287.200.4(3)(a), RSMo**

Name of Employer

I, _____, on behalf of the above named employer, hereby give the Department of Labor and Industrial Relations, Division of Workers' Compensation, notice of this employer's election to accept mesothelioma liability under the Missouri Workers' Compensation Law. This election remains in full force and effect until and unless revoked by the employer.

Employer's Full Legal Name: _____

Employer's Address: _____

Company Contact Name: _____

Title: _____

Phone Number: _____

Email Address: _____

Date

Signature

Printed Name

Title

STATE OF MISSOURI)

COUNTY OF _____)

Subscribed and sworn to before me this _____ day of _____, 20 _____

My Commission Expires: _____

Notary Public

(SEAL)

The full text of §287.200, RSMo, can be found online at <http://www.moga.mo.gov/mostatutes/stathtml/28700002001.html>

*Such a group shall comply with §287.223, RSMo – "Missouri Mesothelioma Risk Management Fund"

Missouri Division of Workers' Compensation is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. TDD/TTY: 800-735-2966 Relay Missouri: 711